St. Patrick Church
P. o. Box K, 212 E. Washington
Tolono, IL 61880

Last Name _____

How do you wish to have your mail addressed? Please circle one:

Mr./Mrs. Mr. Mrs. Miss Ms. Dr. Dr./Mrs Prof. Mr./Dr.

Marital Status: Please circle on:

Single Married Widowed Separated Divorced

If married, please comlete the following"

☐ In the Catholic Church ☐ Outside of the Church ☐ Outside of the Church with Dispensation

Number of current marriage (1st, 2nd, etc.) Self_____ Spouse_____

Church / City / Date of Marriage_____

First Name:_____ Maiden Name: _____

Address: _____ Home Phone/Cell Phone: _____

Religion: _____ Zip Code: _____

Occupation: _____ E-mail address: _____

Sacraments Received: ☐ Baptism ☐ Confirmation ☐ Eucharist ☐ Matrimony ☐ Holy Orders

Spouse's First Name:_____ Maiden Name: _____

Address: _____ Home Phone/Cell Phone: _____

Religion: _____ Zip Code: _____

Occupation: _____ E-mail address: _____

Sacraments Received: ☐ Baptism ☐ Confirmation ☐ Eucharist ☐ Matrimony ☐ Holy Orders

***Please fill out back side of form.**

CHILDREN OR OTHER DEPENDENTS LIVING AT HOME

NAME	SEX	DATE OF BIRTH	RELIGION	BAPTISM	1ST COMMUNION	CONFIRMATION	SCHOOL / GRADE

FOR OFFICE USE ONLY

Date Registered:_____ Envelope Number:_____